

U.S. Department of Justice
United States Marshals Service

Case: 1:18-cv-04882 Document #: 16 Filed: 12/19/18 Page 1 of 1 PageID #: 99

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

mw

PLAINTIFF <u>DeAndre Crawford</u>	COURT CASE NUMBER <u>1:18-CV-04882</u>
DEFENDANT <u>Lida Diaz</u>	TYPE OF PROCESS <u>Civil Rights</u>

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Stateville Correctional Center</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Joliet IL 60434</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: ┌ └	Number of process to be served with this Form - 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Mrs. Diaz now works for the State of Illinois at the N.R.C department of Stateville as a R.N

Signature of Attorney or other Originator requesting service on behalf of: <u>DeAndre Crawford</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE <u>11-4-18</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>14/16</u>	District of Origin No. <u>24</u>	District to Serve No. <u>24</u>	Signature of Authorized USMS Deputy or Clerk <u>PJD</u>	Date <u>11/20/16</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Michael Jason, Attorney</u>	FILED DEC 19 2018 AM THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service <u>12-17-18</u>	Time <u>4:30 pm</u> (pm)
		Signature of U.S. Marshal or Deputy <u>Albert Galaz</u>	

Service Fee <u>130.00</u>	Total Mileage Charges (including endeavors) <u>32.70</u>	Forwarding Fee <u>-</u>	Total Charges <u>162.70</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: 12/12 assigned to Deputy

1 DUSM, 60 miles, 2 hours, 1 endeavor

10:21 PM 12 19 2018

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)